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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000087777

Corporation Name

HOLADAY SCENIC MEMORIES PHOTOGRAPHY, INC.

Principal Pla	ace of Business	Ma	ailing Address						
	VELAND AVENUE		001 S. CLEVELAND AVE	:NUE					
SUITE 6 FORT MYERS FL 33907		• •	SUITE 6 FORT MYERS FL 33907				DO NOT WRITE IN THIS SPACE		
LOUI WIERO LE 3030/			PORT MIERS PE 33307				3. Date Incorporated or Qualifed		
				,			10/10/1997		
2. Principal	Place of Business	2a.	Mailing Address				4. FEI Number		oplied For
21		26					65-0790366		ot Applicable
Suite, Ap	t. #, etc.		Suite, Apt. #; etc.	. v ≊y∕∘∘.		~	5. Certifcate of Status Desired		Additional equired
22		27	0.4 0 04-4-						<u> </u>
City & Sta	ate	-	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
23 Zin	Country	28	Zip		untry		This corporation owes the current year Intar		10 / 003
Zip	25	29	Σ1μ	30	u110,			∑ Yes	□No
24	9. Name and Address of Curre		tered Agent	1301	T		10. Name and Address of New Registered A		
	V. Haine and Address of Curre	regio			81	Name	<u> </u>		
	OLADAY, BEN					C1	(D.O. Pau Number is Not Assentable)		
12001 S. CLEVELAND AVENUE				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	IITE 6				83				
FO	ORT MYERS FL 33907				0.4	City		85 Zip	Code
					84	City	FL	65 Zip	Code
11. Pursuan	nt to the provisions of Sections 607.05	02 and 6	07.1508, Florida Statu	tes, the a	above	e-named corp	poration submits this statement for the purpose of c	hanging its	registered
office or	r registered agent, or both, in the State I am familiar with, and accept the oblig	of Floridations of	da. Such change was a Section 607.0505, Fl	authonze orida Sta	id by tutes	the corporation	on's board of directors. I hereby accept the appoint	men as n	gistered
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered ag-					nt signature require	d when reinstating) . DATE	DIDEOT	DDC IN 42
12.	OFFICERS A	ND DIRE		. 13.			ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
TITLE	D		☐ DELETE		MLE			☐ Criange	L_] Addition
NAME	HOLADAY, BEN	- ALUT	T 0		AME				
STREET ADDRES		E, SUII	F0 ·	1.3 5	STREET	TADORESS			
CITY-ST-ZIP	FORT MYERS FL 33907								
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	88			2.17 2.2 M 2.3 S 2.4 H	TITLE NAME STREET CITY-S	T ADDRESS		☐ Change	Addition
TITLE	SS		☐ DELETE	2.1 T 2.2 N 2.3 S 2.4 t 3.1 T	NAME STREET CITY-S	T ADDRESS			
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY+ST+ZIP

SIGNATURE:

NAME

STREET ADDRESS

IGNATURE AND TYPED OR PRINTED HAME OF SIGNING OF BURECTOR

☐ DELETE

4/3/99

941 9392219

☐ Change

Addition